

EMS Interim Rules - Summary of Changes - 05/06

Introduction: The following is a **summary** of the changes from Administrative Rules dated May 21, 2002 and the adopted Interim Rules that will be presented at public hearings in the near future.

In order to keep this document brief, the summary does not include every small wording or formatting change, and it is suggested that each EMS provider/unit/instructor/hospital representative, who is effected by these rules, take the time to review and get to know this document.

The summary is in order of Saf-C section title and the change location.

Definitions:

Saf-C 5901.53, 5901.54 & 5901.55

“EMT-basic” , “EMT-intermediate” and “EMT-paramedic” – each of these definitions have been updated to include the requirement for successful completion of the appropriate “division developed” “transition program(s), dated 2006”.

Saf-C 5901.67 - **“Head of Unit”** - has been updated to include the responsibility for the administration “of the overall leadership” of the unit.

Saf-C 5901.86 of the administrative rules dated May 21, 2006 the definition of **“Local Option”** has been removed and the numbering has been reserved.

Saf-C 5901.90 - **“Medical Director”** has been updated to read “means a medical resource hospital physician who has the oversight of the following:” and removes “local option” from the list of past responsibilities. This new definition removes the following wording “means a physician who has overall responsibility for the medical management of, and the unit’s medical accountability for:”

Saf-C 5901.91 – **“Medical Resource Hospital”** has been updated to remove the wording“ local option protocols, training and” from the definition, adds the word “through” instead of “in”, and now reads “means the acute care hospital(s) through which units obtain medical control”

Saf-C 5901.1141 – A new definition is added for **“Quality management program”** which is newly defined in RSA 153-A:34 and is a program that may be implemented by any unit. The program is outlined as in a new section of these interim rules (Saf-C 5923).

Saf- C 5901.129 – **“Transition program”** has been updated to include the term “transition module”

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Saf-C 5902.001 – **“Adoption of New Hampshire Patient Care Protocols”** – this new section is located under the EMS Operating Standards section of the rules adopted May 21, 2002, and gives reference to RSA 153-A:5 and 153-A:7 which instituted statewide protocols as of January 2006.

Saf-C 5902.02 – **“Medical Resource Hospital”** – (f) has been updated to remove the wording “and protocols” as part of the MRH responsibility.

Saf-C 5902.03 - **“Communications”** – (e) has been updated to allow licensed providers to call for air medical transport without the need for on-line medical control or local option which is no longer available under statewide protocols.

Saf-C 5903.03 – **“Unit Licensing Requirements”** - a new section (3) has been added to (a) and now includes the need for a unit to supply “proof of current written MRH agreement” with the license application to the division.

Saf-C 5903.04 – **“Provider Licensing Requirements”** – in section (c), (d) and (e) referring to the EMT-basic, intermediate and paramedic, sub-section (3) has been deleted and replaced by the requirement to provide proof of the appropriate certificate of successful completion for the division developed “transition program(s)” and the written protocol examination. The applicant must also supply the signed statement affirming affiliation with a unit or healthcare setting.

Saf-C 5903.05 – **“Physician, Physician Assistant, Register Nurse Provider Licensing Requirements”** – as with those providers listed in 5903.04 above , these applicants must supply proof of successful completion of an appropriate transition program(s) and the written protocol examination prior to licensure, along with the written statement signed affirming affiliation.

Saf-C 5903.09 – **“Unit and Provider License Renewal Process”** – (c) (3), (4), (5) & (6) - each provider at the EMT-basic (nationally registered), intermediate and paramedic level will need to supply proof of successful completion of the division developed written protocol examination prior to licensure. In addition, a non-nationally registered EMT-basic will need to supply a “certificate of completion” for a division approved transition program with the application for re-licensure.

Saf-C 5903.09 (c) (7) - **“Unit and Provider License Renewal Process”** – **“physicians, physician assistant and registered nurse providers”** – these providers will need to supply proof of successful completion of a division developed written protocol examination with the application for re-licensure.

Saf-C 5904.08 **“Vehicle Equipment and Supplies”** - various changes have been made to the list of equipment now required in a transporting vehicle. The most noticeable change to this list is that it is organized into three sections: **(d)** lists the equipment necessary for vehicles operating at a “basic-level” of patient care, **(e)** lists equipment required for those vehicles operating at the “EMT-Intermediate” level and **(f)** lists equipment required for vehicles operating at the paramedic level of patient care. **Please note** that all transporting vehicles must have the equipment required for the level they transport at AND the lower level(s) of care.

Example: if transporting at the EMT-intermediate level the vehicle must also have the equipment required for the EMT-basic. If at the paramedic level – the “I” and “B” level equipment is also required. **See next page (3) for list of equipment changes...

Additions/Deletions from equipment list adopted May 21, 2006:

NOTE: Deletions are not listed in the interim rules only additions or wording updates. The list below is a summary of all changes by level and then by category of “deletions” and “additions”. The “additions” do not include wording changes (ex. “car seat” to “safety seat”) – please refer to the complete document for all format and smaller, grammatical, changes.

EMT-basic level of patient care

Deletions:

5904.08 (d) (10) o. – “one anti-shock garment”

5904.08 (d) (10) aa. – “one set of esophageal airway equipment”

Additions:

5904.08 (d) (2) b. – changed from 3 to 4 bag-valve-masks required

– to include a neonate sized BVM with appropriate mask

5904.08 (d) (3) f. – 2 simple transparent oxygen masks sized to accommodate an infant and child

5904.08 (d) (4) a. – changed from 2 to 8 suction catheters in the following sizes:

Wide bore, 5 French (FR), 6 FR, 8 FR, 10 FR, 12 FR, 14 FR and 16 FR

5904.08 (d) (6) a. 3 and 4 – Fracture Care equipment has been updated to include pediatric patients in all listed sizes – full arm, full leg, half arm and half leg

5904.08 (d) (7) a. – adds “with sorbitol” to the “prepackaged activated charcoal” requirement

5904.08 (d) (10) o. - adds “A minimum of one pediatric based resuscitation tape” and removes “anti-shock garment” (see deletions above)

5904.08 (d) (10) p. & q. – adds a “adult and pediatric Glasgow Coma Scale reference guide” and “An adult and pediatric Trauma Scale reference Guide”

NOTE: these two item can be supplied by the Division of FST & EMS, Bureau of EMS

5904.08 (d) (10) z. – is now changed to be section “ab.”, and requires that the required portable defibrillator be capable of adult and pediatric defibrillation by December 31, 2008.

5904.08 (d) (10) z. (now “ab.”) – the previously required “2 sets” of defibrillation pads are now “4 sets”, two in adult size and 2 in a pediatric size (as of 12/31/08).

5904.08 (d) (10) ac. – adds “at least 2 complete blind insertion airway sets, not to include oral or nasal airways...” – the options for specific airways are contained within the “transition program” and provider training is required on the type of airway carried on the vehicle.

5904.08 (d) (10) ad. – adds the requirement to the child safety seat that it be able to accommodate a child from 5 to 80 pounds.

5904.08 (d) (10) ag. and ah. – add at least one glucometer and 24 alcohol preps to the required equipment at the EMT-basic level.

EMT-intermediate level of patient care

Deletions:

None – this is a new section. Previously the responsibility of the MRH, this equipment is now overseen, under statewide protocol, by FST & EMS.

Additions:

5904.08 (e) – begins the “**EMT-Intermediate**” section for required **equipment** in addition to the EMT-basic equipment.

EMT-Paramedic level of patient care

Deletions:

None – this is a new section. Previously the responsibility of the MRH, this equipment is now overseen, under statewide protocol, by FST & EMS.

Additions:

5904.08 (f) – begins the “**EMT-Paramedic**” section for required **equipment** in addition to the EMT-basic and EMT-Intermediate equipment.

Saf-C 5905.04 “**Provider License Application Form**” – (d) (2) c. – adds the level of Non-nationally registered New Hampshire EMT-basic (NHEMT) to the application form.

Saf-C 5905.04 “**Provider License Application Form**” - (d) (3) – adds the option of “initial” or “renewal” license to the application form.

Saf-C 5910.02 “**Authority to Establish Courses Form**” – (d) (1) h. – adds all level of “transition program type” to the course authorization form.

Saf-C 5911.02 – 5911.04 – **EMT-Basic, Intermediate and Paramedic Provider Training** – the appropriate level “division developed” “transition program, dated 2006” has been added as a requirement to each of these levels for the training process.

Saf-C 5913.02 – 5913.04 – **EMT-Basic, Intermediate and Paramedic RTP Process** - the appropriate level “division developed” “transition program” has been added as a requirement to each of these levels for the refresher training program process.

Saf-C 5921.001 “**Collaboration between Medical Director and Head of Unit**” – this new section is listed under the “Responsibilities between MRH and Unit” section of the administrative rules adopted May 21, 2002 and lists the responsibilities that each of these entities hold in regards to collaboration with one another, including; education, advice, critiques, medications and treatment modalities and performance improvement.

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Saf-C 5921.01 “Responsibilities” – Section a through c of the administrative rules adopted May 21, 2002 have been deleted and all other sub-sections moved up. New section (b), which was (e), has been updated to read “The procurement, storage and security of non-controlled prescription drugs shall be defined by the unit’s MRH, in accordance with the New Hampshire patient care protocols, dated 2005” (the word “regulated” was removed replaced by “defined”, and all words after the coma were added).	20
Saf-C 5921.01 (f) – this section, listed in the administrative rules adopted May 21, 2002, pertaining to medications and advanced life support protocols was removed.	- NOT LISTED -
Saf-C 5921.01 - section (c) which was (g) in rules adopted in 2002 has been updated. - Sub-section (3) has been changed to state that the “sharing of patient demographic data” is a responsibility between the MRH and Unit. - Sub-section (4) is new and requires provisions for medical control as defined in RSA 153-A:2 XV. - Sub-section (5) is changed by removing “type and quantity” and “local option” from the approved medications, and the words “use under the NH Patient Care Protocols, datd 2005” have been added. - Sub-section (6) previously (5) in rules adopted in 2002, has been changed and “use” is no longer a responsibility to be outlined by the MRH and Unit in writing.	20
Saf-C 5921.01 (e) has been changed. Sub-sections (1), (2) and (3) in rules adopted May 21, 2002 have been removed, and replace by the new sections (1) – (4) on page 20. The list states requirements to be included in the MRH/Unit agreement.	20
Section (f) of this same rule (which was listed as (j) in administrative rules adopted May 2002) removes the word “agreement” and replaces it with “medical control”. Also removed is the wording “with it” and replaced by “or through written ALS mutual aid agreements.	20
The <u>second</u> Section (f) – is a typo and needs to be corrected to say (g) and the current (g) in this document will be listed as (h) and (h) as (i).	20
Section (h) – which will be (i), is an entirely new section and requires the MRH to update FST & EMS with the name of a new Medical Director within 10 days of the change.	20
Saf-C 5922 “Advanced Life Support Protocols” listed in the rules adopted May 21, 2002 has been <u>removed</u> and the title has been replaced with “Patient Care Protocols”	21
Saf-C 5922.01 Procedures (a) through (e) listed in the administrative rules adopted May 21, 2002 have been <u>removed</u> and replaced with new (a) through (e) that defined the protocols established by the Medical Control Board, when these protocols can be used and by whom and discusses the option for “protocol prerequisites” .	21 & 22
Saf-C 5922.011 “Protocol Prerequisites Application Form” – outlines what is required of a Unit who is requesting approval for protocol prerequisites.	22 & 23

Saf-C 5922.03 to 5922.05 **“Paramedic Adult Protocols”, “Paramedic Pediatric Protocols” and “EMT-Intermediate Adult Protocols”** adopted in administrative rule May 21, 2002 have all been **removed** as all protocols are now included in the Patient Care Protocols considered the statewide protocols for NH licensed Providers.

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Saf-C 5923 **“Quality Management Program”** – this is a new section that outlines a program that may be implemented by a unit to assist in the quality management of the service.

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Please remember that the above listed information does not contain all of the changes to the EMS rules, these are the large differences between “old” and “interim” rules, and it is recommended that the entire document be reviewed and compared to rules adopted May 21, 2002.